



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 19 No. 03

January 2009

TO: Medical Suppliers- **For Action**
Nursing Facilities, Health Maintenance Organizations – **For Information Only**

SUBJECT: **Medical Supplies and Equipment Provided For Nursing Facility Residents**

EFFECTIVE: Immediately

PURPOSE: The purpose of this Newsletter is to notify medical suppliers of a change to the New Jersey Medicaid Information System (NJMMIS) intended to limit payments for certain medical supply services provided to nursing facility residents.

BACKGROUND: A recent review of the New Jersey Medicaid program determined that medical suppliers were inappropriately paid for certain medical supply services provided to nursing facility residents. Costs for these services are included in the facility's per diem rate and are not reimbursable to medical suppliers as community-based medical supply services.

ACTION: Effective Immediately, the Division of Medical Assistance and Health Services (DMAHS) will deny payments for medical supply services provided to nursing facility residents whose costs are included in the facility's per diem rate. For your information, a list of procedure codes and descriptions for medical supply services provided only by nursing facilities is attached to this Newsletter.

Edit 0236 "Medical Supply Service not covered for nursing facility residents" will post to these claims denying payment. This Edit will not apply to Medicare/Medicaid crossover claims submitted for nursing facility residents.

Possible delays in updates processed by the NJMMIS may result in a Medicaid beneficiary being mistakenly identified as a nursing facility resident causing a claim to be inappropriately denied payment. In these situations, the supplier must attach to a hard-copy claim a letter from the nursing facility indicating when the beneficiary was discharged from the facility.

If you have any questions concerning this Newsletter, please contact the Unisys Provider Services at 1-800-766-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

DME PROVIDED BY NURSING FACILITIES

PROCEDURE CODE	DESCRIPTION
A4213	SYRINGE,STERILE,20 CC OR GREATER
A4214	STERILE SALINE/WATER, 30 CC VIAL
A4216	STERILE WATER, SALINE AND/OR DEXTROS
A4217	STERILE WATER/SALINE, 500ML
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER)
A4235	REPLACEMENT BATTERY, LITHIUM, FOR US
A4244	ALCOHOL OR PEROXIDE, PER PINT
A4245	ALCOHOL WIPES, PER BOX
A4253	BLOOD GLUCSTRIPS 50 = 1 UNIT
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOL
A4258	SPRING POWERED DEVICE FOR LANCET, EA
A4259	LANCETS, 100 = 1 UNIT
A4310	INSERT TRAY W/O DRAIN BAG/CATHETER
A4311	TWO-WAY LATEX WITH COATING
A4312	2-WAY FOLEY INSERT TRAY W/O BAG
A4314	INSERT TRAY 2-WY LATEX W/COATING
A4315	INSERT TRAY 2-WAY ALL SILICONE
A4316	INSERT TRAY 3-WAY FOLEY TYPE
A4320	BLADDER IRRIGATION TRAY
A4322	IRRIGATION SYRINGE, BULB, PISTON
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE
A4334	URINARY CATHETER ANCHORING DEVICE, L
A4335	INCONTINENCE SUPPLY, MISCELLANEOUS
A4338	INDWEL CATH. FOLEY TYP-2 WAY LTX/COAT
A4340	INDWEL CATH. SPECIALTY TYPE
A4344	INDWELLING CATHETER FOLEY TYPE
A4347	EXT. CATHETER, CONDOM TYPE PER DOZ.
A4349	MALE EXTERNAL CATHETER, EACH
A4351	INTERMIT. URINARY CATH. STRAIGHT TIP
A4354	INSERTION TRAY W/DRAIN BAG
A4357	BEDSIDE DRAINAGE BAG
A4358	URINARY LEG BAG W/OR W/O TUBE
A4362	OSTOMY SKIN BARRIER
A4364	OSTOMY SKIN BOND OR CEMENT PER OZ.
A4367	OSTOMY BELT
A4369	OSTOMY SKIN BARRIER, LIQUID PER OZ.
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ.
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SO
A4397	IRRIGATION SUPPLY, SLEEVE
A4400	IRRIGATION SET FOR IRRIGATION OF OSTOMY
A4402	OSTOMY LUBICANT
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, P
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SO
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SO
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SO
A4411	OSTOMY SKIN BARRIER, SOLID 4 x 4 OR EQUIVALENT
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SO
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SO
A4421	OSTOMY SUPPLY, MISCELLANEOUS

A4450	TAPE, NON-WATERPROOF, PER 18 SQ. INCH
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCH
A4522	ADULT DIAPER/BRIEF, MEDIUM, EACH
A4523	ADULT DIAPER BRIEF, LARGE, EACH
A4524	ADULT DIAPER/BRIEF, X-LARGE, EACH
A4525	ADULT PROT. UNDERWEAR, SMALL, EACH
A4526	ADULT PROT. UNDERWEAR, MEDIUM EACH
A4527	ADULT PROT. UNDERWEAR, LARGE, EACH
A4528	ADULT PROT. UNDERWEAR, X-LARGE, EACH
A4535	DISPOSABLE LINER/SHIELD, INCONT. EACH
A4554	DISPOSABLE UNDERPADS-ALL SIZES, EACH
A4615	NASAL CANNULA
A4616	TUBING, OXYGEN, PER FOOT
A4622	TACHEOSTOMY OR LARYNGECTOMY TUBE
A4623	TRACHEOSTOMY, INNER CANNULA, REPLACEMENT
A4624	TRA CHEAL SUCTION CATHERTER, EACH, AY TP
A4625	TRACHEOSTOMY CARE STARTER KIT
A4628	OROPHARYNGEAL SUCTION CATHERTER, EACH
A4629	TRACHEOSTOMY CARE KIT, ESTABLISHED TRACHEOSTOMY
A4649	SURGICAL SUPPLIES, MISCELLANEOUS
A4670	AUTO BLOOD PRESSURE MONITOR
A4927	GLOVES, NON-STERILE, PER 100
A5051	CLOSED POUCH W/ATTACHED BARRIER, 1 PC
A5052	CLOSED POUCH W/O ATTACH BARRIER, 1 PC
A5054	CLOSED POUCH FOR USE ON BARRIER W/FG, 2 PC
A5055	STOMA CAP
A5061	DRAIN POUCH W/ATTACH BARRIER, 1 PC
A5063	DRAIN POUCH FOR BARRIER W/FLANGE, 2 PC
A5071	URINARY POUICHE WITH BARRIER, 1 PC
A5073	URINARY POUICHE, USE ON BARRIER W/FG, 2 PC
A5093	CONVEX OSTOMY INSERT
A5112	LATEX URINARY LEG BAG
A5114	FOAM/FABRIC LEG STRAP, PER SET
A5119	SKIN BARRIER, WIPES OR SWABS, PER BOX
A5120	SKIN BARRIER, WIPES OR SWABS, EACH
A5122	SOLID SKIN BARRIER, 8 X 8, EACH
A5512	FOR DAIBETICS ONLY, MULTIPLE DENSITY
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY
A6196	ALGINATE DRESS WOUND COVER, LESS THAN 17 SQ. IN., EACH
A6197	ALGINATE DRESS WOUND COVER, 17-48 SQ. IN., EACH
A6199	ALGINATE DRESS WOUND FILLER PER 6 IN.
A6209	FOAM DRESSING =< 16 SQ. IN. W/O BORDER, EACH
A6210	FOAM DRESSING >16<=48 SQ. IN. W/O BORDER, EACH
A6211	FOAM DRESSING >48 SQ. IN. W/O BORDER, EACH
A6212	FOAM DRESSING <16 SQ. IN. W/BORDER, EACH
A6216	GAUZE NON-IMP, NON-STERILE <16 IN. W/O BORDER, EACH
A6219	GAUZE NON-IMP <=16 SQ. IN. W/BORDER, EACH
A6220	GAUZE NON-IMP >16<=48 SQ. IN. W/BORDER, EACH
A6222	GAUZE IMP NON WTR/SAL <=16 NO BORDER, EACH
A6234	HYDROCOL WND CVR <=16 W/O BORDER, EACH
A6236	HYDROCOL WND CVR >48 IN W/O BORDER, EACH
A6238	HYDROCOL WND CVR >16<=48 IN. WITH BORDER, EACH

A6242	HYDROGEL WND CVR <=16 IN. W/O BORDER, EACH
A6248	HYDROGEL WOUND FILLER GEL, PER FLUID OZ.
A6252	SPEC. ABSORP. DRG >16 <=40 WO BORDER
A6257	TRANSP FILM 16 SQ. IN. OR LESS, EACH
A6258	TRANSP FILM 17 TO 48 SQ. IN., EACH DRESSING
A6266	GAUZE, IMPREG NOT WTR./SAL., PER LIN. YD
A6402	GAUZE, NONIMPREG. STER. <=16 IN, W/O BD, EACH
A6403	GAUZE, NONIMP. STER. >16 <=48 NO BRDR, EACH
A7002	TUBING, USED WITH SUCTION PUMP, EACH
A7003	ADMINISTRATION SET, WITH SMALL VOLUME
A7005	ADMINISTRATION SET, WITH SMALL VOLUME
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE
A7010	CORRUGATED TUBING, DISPOSABLE, USED
A7012	WATER COLLECTION DEVICE, USED WITH L
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL
A7015	AEROSOL MASK, USED WITH DME NEBULIZER
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE
A7034	NASAL INTERFACE (MASK OR CANNULA) TYPE
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE
A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFF
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAI
A7525	TRACHEOSTOMY MASK, EACH
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH
B4034	ENTERAL FEED SUPPLY KIT-SYRINGE @ MO.
B4035	ENTERAL FEED SUPPLY KIT-PUMP, PER MONTH
B4036	ENTERAL FEED SUPPLY KIT, GRAVITY, PER MONTH
B4086	GASTROSTOMY/JEJUNOSTOMY TUBE, ANY
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPL
B4151	ENTERAL FORMULAE, CATEGORY 1-A, BLEN
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPL
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPL
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPL
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOM
B9000	ENTERAL PUMP WITHOUT ALARM
B9002	ENTERAL PUMP WITH ALARM
B9998	NOC FOR ENTERAL SUPPLIES
E0100	CANE ADJUSTABLE OR FIXED WITH TIPS
E0105	CANE QUAD OR 3 PRONG ADJ OR FIX TIPS
E0110	CRUTCH FOREARM ADJ/FIX PR. TIPS & GRIPS
E0111	CRUTCH FOREARM-ADJ/FIX, EACH WITH TIP & GRIP
E0114	CRUTCHES UNDERARM, ALUM. ADJ/FX/PAIR
E0130	WALKER RIGID ADJ/FIXED HEIGHT
E0135	WALKER FOLDING ADJ/FIXED HEIGHT
E0141	WALKER, WHEELED, WITHOUT SEAT
E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID O

E0153	PLATFORM ATTACH., FOREARM CRUTCH, EACH
E0154	PLATFORM ATTACHMENT, WALKER, EACH
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WAL
E0156	SEAT ATTACHMENT, WALKER
E0158	LEG EXTENSIONS FOR WALKER
E0163	COMMODOE CHAIR, STATIONARY, FIXED ARMS
E0165	COMMODOE CHAIR, STATIONARY, WITH DETACHABLE ARMS
E0167	PAIL OR PAN, USED WITH COMMODOE CHAIR
E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEA
E0180	ALTERNATE PRESSURE PAD PUMP LIGHT DUTY
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY
E0184	FLOTATION MATTRESS, DRY (EGGCRATE)
E0185	DECUBITUS CARE PAD, FLOTATION OR GEL
E0235	PARAFIN BATH UNIT, PORTABLE
E0241	BATH TUB WALL RAIL, EACH
E0243	TOILET RAIL, EACH
E0244	RAISED TOILET SEAT
E0245	TUB STOOL OR BENCH
E0246	TRANSFER TUB RAIL ATTACHMENT
E0250	HOSPITAL BED RAIL, FIXED HEIGHT, WITH MATTRESS
E0255	HOSPITAL BED, RAILS, VARIABLE HEIGHT, WITH MATTRESS
E0260	HOSPITAL BED, RAILS, WITH MATTRESS, SEMI-ELECTRIC
E0261	HOSPITAL BED, RAILS, NO MATTRESS, SEMI-ELECTRIC
E0265	TOTAL ELECTRIC HOSPITAL BED, RAILS & MATTRESS
E0266	TOTAL ELECTRIC HOSPITAL BED, RAILS, NO MATTRESS
E0274	OVER-BED TABLE
E0277	ALTERNATING PRESSURE MATTRESS
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE
E0305	BEDSIDE RAILS, HALF LENGTH
E0310	BEDSIDE RAILS, FULL LENGTH
E0325	URINAL, MALE, JUG-TYPE, ANY MATERIAL
E0371	NON-POWERED ADVANCED PRESSURE REDUCIN
E0424	STATIONARY COMPRESSED GAS SYSTEM/INCLUDING CONTENTS
E0431	PORTABLE GAS O2, INCLUDING CONTENTS, REG., HUM., MASK
E0434	PORTABLE LIQUID O2 SYSTEM, INC. CONTENTS, FLOW METER
E0439	STATIONARY LIQUID O2 SYSTEM INCLUDING CONTENTS
E0443	PORTABLE OXYGEN GASEOUS 5CFT/UNIT
E0450	VOLUME CONTROL VENTILATOR, WITHOUT P
E0463	PRESSURE SUPPORT VENTILATOR WITH VOL
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE
E0561	HUMIDIFIER, NON-HEATED, USED WITH PO
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE
E0565	COMPRESSOR (NOT OXYGEN OR IPPB)
E0570	NEBULIZER WITH COMPRESSOR (DEVILBLISS)
E0600	SUCTION PUMP, HOME MODEL, PORTABLE
E0601	NASAL CONTINUOUS AIRWAY PRESS. DEVICE
E0607	HOME BLOOD GLUCOSE MONITOR
E0619	APNEA MONITOR, WITH RECORDING FEATURE
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS

E0630	PATIENT LIFT, HYDRAULIC WITH SEAT/SLING
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR
E0700	SAFETY EQUIPMENT (E.G. BELT, HARNESS)
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE
E0776	IV POLE
E0910	BED TRAPEZE BARS WITH GRAB BAR
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE
E0950	TRAY
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH
E1353	REGULATOR
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER
E1390	OXYGEN CONCENTRATOR EQUIV. NOT DETERMINED
K0001	STANDARD WHEELCHAIR
K0002	STANDARD HEMI LOW SEAT WHEELCHAIR
K0003	LIGHTWEIGHT WHEELCHAIR
K0104	CYLINDER TANK CARRIER
K0105	IV HANGER
T4521	ADULT SIZED DISPOSABLE INCONTINENCE
T4522	ADULT SIZED DISPOSABLE INCONTINENCE
T4523	ADULT SIZED DISPOSABLE INCONTINENCE
T4524	ADULT SIZED DISPOSABLE INCONTINENCE
T4525	ADULT SIZED DISPOSABLE INCONTINENCE
T4526	ADULT SIZED DISPOSABLE INCONTINENCE
T4527	ADULT SIZED DISPOSABLE INCONTINENCE
T4528	ADULT SIZED DISPOSABLE INCONTINENCE
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UN